Swasthya Jagarukata Mission		
	State Office : Narayan Bhawan, East Lohanipur, Patna-3 (India r	a)
	Application Form	
		Photo
Fo	rm No	
1.	Name in full (Block Letters) :	
2.	Father's/ Husband's Name :	
3.	Date of Birth : 4. Qualification :	
5.	Course to which admission is sought :	
6.	Permanent Address :	
7.	Correspondence Address :	
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DECLARATION OF THE APPLICANT

The contents of the Admission form that I have submitted are true to the best of my knowledge. If any statement given by me as above is proved to be false, I will be responsible and liable to be punished.

(Signature of the Applicant)

For Office Use Only

Accepted/Rejected

Admission Roll No.

Centre Code

Centre Director/Admission Incharge

Dated

Seal